



PATIENT STAMP/LABEL

NUCLEAR MEDICINE & PET/CT REQUISITION FORM

PATIENT DEMOGRAPHICS:

Date: _____ BV History Number: _____
 Name: _____ Date of Birth: _____
 Insurance: _____ Pre Authorization #: _____

Height:	Home Phone Number:	Medications:
Weight:	Alternative Phone Number:	

REQUESTING PHYSICIAN INFORMATION:

Requestor Name:	Copy to:	
Institution & Address:		
Pager Number:	Office Number:	Fax Number:

NUCLEAR MEDICINE STUDY REQUESTED:

***SEE BACK OF FORM FOR INSTRUCTIONS**

PET/CT (Chest, Abdomen, Pelvis & Neck)

- With Contrast (BUN: _____ CREA: _____)
- Without Contrast

PET INDICATION: (Check box & circle phase)

- Brain Imaging
 - Alzheimer's Disease
 - Dementia vs. Alzheimer's Disease
- Breast CA (Staging – Restaging – Response)
- Cervical CA (Staging only)
- Colorectal CA (Diagnosis – Staging – Restaging)
- Esophageal CA (Diagnosis – Staging – Restaging)
- Head & Neck CA (Diagnosis – Staging – Restaging)
- Lung CA (Diagnosis – Staging – Restaging)
- Solitary Pulmonary Nodule (Characterization)
- Lymphoma (Diagnosis – Staging – Restaging)
- Melanoma (Diagnosis – Staging – Restaging)
- Myocardial Perfusion
- Myocardial Viability
- Thyroid CA (Staging of follicular cell tumors)
- Other: _____

GENERAL NUCLEAR MEDICINE

- Exercise Stress Mibi w/ SPECT
- Adenosine Stress Mibi w/ SPECT
- Dobutamine Stress Mibi w/ SPECT
- Thallium Viability w/ SPECT
- MUGA Scan
- Brain SPECT
- I-123 Thyroid Uptake & Scan
- I-123 Thyroid Whole Body
- Sestamibi Parathyroid
- Gastric Emptying Study (Solids)
- GI Bleed
- HIDA Scan
- Lymphoscintigraphy
- V/Q Scan & Chest X-ray, PA & LAT
- I-131 Thyroid Therapy

- Renal MAG3 w/ Lasix
- Renal w/ Captopril
- Renal Perfusion w/ DTPA
- OctreoScan
- ProstateScan
- I-111 Indium WBC Scan
- Whole Body Bone Scan
- 3 Phase Bone Scan
Specify Area: _____

Other: _____

IS THE PATIENT DIABETIC? YES NO

DIAGNOSIS (REQUIRED):	BRIEF HISTORY:
ICD-9 CODE:	

FAILURE TO FULLY COMPLETE THIS FORM MAY RESULT IN THE DELAY OF SCHEDULING AN APPOINTMENT

PREPARED BY (PLEASE PRINT):	PHYSICIAN SIGNATURE (REQUIRED):
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**PLEASE FAX GENERAL NUCLEAR FORMS TO (410) 550-4339
 PLEASE FAX PET/CT FORMS TO (410) 550-1264
 NUCLEAR MEDICINE SCHEDULING: (410) 550-2948
 PET/CT SCHEDULING (410) 550-0211**

NUCLEAR MEDICINE

All Nuclear Medicine procedures require a radioactive isotope to be ordered in advance. These isotopes are costly & time sensitive. Please notify our department 24 hours in advance to reschedule or cancel appointments.

PET/CT – CALL 410-550-0211 TO ORDER THIS TEST

Pet scans are done as whole body scans. Because of this, CT scans are to be done as neck, chest, abdomen, & pelvis. Always indicate whether or not to use I.V. Contrast and provide BUN & CREATININE levels done within the past 30 days (for patients with I.V. contrast). Patients will also need to pick up 2 bottles of oral contrast called ReadI-CAT, available at the front desk of the Imaging Department.

PATIENT INSTRUCTIONS:

DIABETIC PATIENTS: DO NOT TAKE INSULIN THE DAY OF YOUR TEST!

Anti-hypoglycemic pills may be taken 2 hours prior to test, but **CAN ONLY BE ADMINISTERED WITH WATER**, absolutely **NO FOOD** can be taken with these pills, even if the directions say to do so, otherwise **DO NOT TAKE THEM** until after your appointment.

Your blood glucose level must be under 200 prior to the test. Please check it before you come for the test. If it is over 200, please call (410) 550-5112 for further instructions.

ALL PATIENTS:

Must arrive on time with an empty stomach. **DO NOT EAT OR DRINK** anything after midnight the evening before your appointment (**EXCEPT READI-CAT SUSPENSION FOR CAT SCANS**).

If you need to take medication, you may do so with a sip of water, nothing more.

CARDIAC –

Outpatient cardiac studies are done only in the early morning and can last up to 4 hours long.

Nuclear exercise stress tests are done M-F.

Nuclear pharmacological stress tests are done on Mondays, Wednesdays, and Fridays.

PATIENT INSTRUCTIONS:

DIABETIC PATIENTS: DO NOT TAKE INSULIN OR MEDICATIONS THAT REQUIRE EATING FOOD THE DAY OF YOUR TEST!

Insulin and medications that require eating food may be brought to the appointment and can be administered after the stress portion of the test is over.

ALL PATIENTS:

Must arrive on time with an empty stomach. **DO NOT EAT OR DRINK** anything after midnight the evening before your appointment. Medications that **DO NOT** require eating food may be taken with a sip of water.

ENDOCRINE –

Patients must be off all thyroid medications to have most endocrine studies done. Please contact (410) 550-5112.

***BONE DENSITY (DEXA) SCANS ARE NOT DONE IN IMAGING/NUCLEAR MEDICINE
PLEASE CONTACT 410-550-0925 TO ORDER BONE DENSITY (DEXA) SCANS**